

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90296 014 ***150.00

| | |
|--------------------------------------|--|
| DOCUMENT # P98000037463 | |
| 1. Entity Name KOLIMA TOURS, INC. | |



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|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business 782 N. LE JEUNE ROAD SUITE 440 MIAMI, FL 33126 | Mailing Address 782 N. LE JEUNE ROAD SUITE 440 MIAMI, FL 33126 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

40007010



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|-----------------------------------------|---------|-----------------------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. <i>Suite 528</i> | | Suite, Apt. #, etc. <i>Suite 528</i> | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04242006 Chg-P CR2E034 (11/05)

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|-----------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0834383 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|-----------------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ASENSIO, MARC F 920 MARIANA AVENUE CORAL GABLES, FL | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

| | |
|-----------------|------------|
| SIGNATURE _____ | DATE _____ |
|-----------------|------------|

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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|----------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ASENSIO, MARC F 920 MARIANA AVENUE CORAL GABLES, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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|--------------------------------|-----------------------------------------|
| SIGNATURE: <i>Marc ASENSIO</i> | DATE: <i>APRIL 27TH 2006</i> |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #